

## STATE OF SOUTH CAROLINA

## Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for a Class C Charter Certificate from  
Jamar Smalls dba KMar Enterprises LLC

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

Please type or print)

Submitted by: Jamar Smalls

Telephone: 843-442-1303

Address: 202 Maywood Dr

Fax: \_\_\_\_\_

Moncks Corner, SC 29461

Other: \_\_\_\_\_

Email: geechieboss843@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☐ Application - Class C Charter☐ Application - Class C Charter Bus☒ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other: \_\_\_\_\_

RECEIVED

DEC 20 2021

PSC SC  
MAIL / DMS

RECEIVED

JAN 18 2022

PSC SC  
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: December 2, 2021

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. KMar Enterprises LLC  
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)  
202 Maywood Dr Moncks Corner, SC 29461  
Street Address of Applicant  
Mailing Address of Applicant (if different from street address)  
(843) 442-1303  
Phone Fax  
geechieboss843@gmail.com  
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<b><u>Assets:</u></b>		<b><u>Liabilities:</u></b>	
Value of Real Estate	<input type="text"/>	Mortgage/Loan on Real Estate	<input type="text"/>
Value of Motor Vehicles	<input type="text"/>	Loans Owed on Motor Vehicles	<input type="text"/>
Cash on Hand	<input type="text"/>	Business/Other Loans Owed	<input type="text"/>
Cash in Bank	<input type="text"/>	Other Liabilities or Debts	<input type="text"/>
Value of Other Assets and Equipment	<input type="text"/>	<b>Total Liabilities</b>	<input type="text" value="0-"/>
<b>Total Assets</b>	<input type="text" value="0-"/>		

### INSTRUCTIONS:

1. "**Value of Real Estate**" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "**Mortgage/Loan on Real Estate**" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "**Value of Motor Vehicles**" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "**Loans Owed on Motor Vehicles**" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "**Cash on Hand**" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "**Business/Other Loans Owed**" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "**Cash in Bank**" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "**Value of Other Assets and Equipment**" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "**Other Liabilities or Debts**" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## PROPOSED RATES AND CHARGES FOR SERVICE

### Proposed Rates and Charges:

\$25 per mile. Rate includes \$15 per mile and \$10 per hour. From the time of pickup to the time of drop-off.

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |

[illegible]

## INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE**

The following insurance quote is for:

Jamar Smalls

Name of Applicant

202 Maywood Dr Moncks Corner, SC 29461

Address of Applicant

**Amount of Premium:**

Liability Insurance \$ ~~\$1,000,000~~ each occurrence

see attached

The above quoted premium is for a term of 12 months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

**Limits Quoted**

Liability Combined Each Occurrence	\$ 1,000,000	\$1,000,000 CSL each
Medical Payments per Person	\$ 1,000	\$1,000

Sheally Insurance Group

Name of Insurance Company

3883 Byrnes Dr., St. Stephen, SC 29479

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

FOR AGENTS ONLY

MOULTON & SHEALLY

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START	VEHICLES	DRIVERS	BUSINESS	RATES	FINAL DETA
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Customize Your Coverages

\$6,193.00

Discounts

Fee

per year including Electronic Funds Transfer (EFT) discount

Continue

View page by

Coverage Category	Cost Breakdown
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Quote provided b

Coverages applied to all vehicles

Bodily Injury and Property Damage Liability	\$1 million CSL	\$5,133.00
Uninsured Motorist Bodily Injury & Property Damage*	\$1 million CSL w/ \$200 Deductible	\$472.00
Underinsured Motorist Bodily Injury & Property Damage*	\$1 million CSL w/ \$0 Deductible	\$520.00

\*Coverage not appl cable to trailers

### Coverages for the vehicles

VEHICLE 1 \$3,378.00 VEHICLE 2 \$2,811.00



**2010 FORD ECONOLINE**  
1FDWE3FL7ADA29225

Not selected

\$0

Not selected

\$0

\$1,000 per person

\$11

Not Selected

\$0

Selected

\$41

Not selected

\$0



**2000 CHEVROLET EXPRESS**  
**G3500**  
1GAHG39R3Y1142150

Not selected

\$0

Not selected

\$0

\$1,000 per person

\$12

Not Selected

\$0

Not selected

\$0

Not selected

\$0

### Special coverages related to the customer's business



Hired Auto Liability



Employer Non-Owned  
Auto Liability

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START	VEHICLES	DRIVERS	BUSINESS	RATES	FINAL DETA
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Here are the drivers on the policy:

Continue

Policyholder

**Kendra Seabrook**

Date of Birth

Driver's License Number

Driver's License State

1 accidents/violations

0 Progressive Points

SR-22 Filing

South Carolina

none

Edit

Driver 2

**Jamar Smalls**

Date of Birth

Driver's License Number

Driver's License State

0 accidents/violations

0 Progressive Points

SR-22 Filing

South Carolina

none

Remove

Edit

FORAGENTS ONLY

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START	VEHICLES	DRIVERS	BUSINESS	RATES	FINAL DETA
-------	----------	---------	----------	-------	------------

## Here are the vehicles on the Policy:

Continue

Vehicle 1  
2010

FORD ECONOLINE

1 F D W E 3 F L 7 A D A 2 9 2 2 5

Primary ZIP Location:

Radius:

Comprehensive Deductible:

Fire &amp; Theft Deductible:

Collision Deductible:

Total Premium:

29461

50 miles

Not selected

Not selected

Not selected

\$3,378.00

Remove

Edit

Add another ECONOLINE

## New Vehicles

Please note, these vehicles haven't been added yet. When you're finished adding vehicles we'll collect information about and then the new vehicles will be saved to your policy.

Vehicle 2  
2000

CHEVROLET EXPRESS G3500

1 G A H G 3 9 R 3 Y 1 1 4 2 1 5 0

Primary ZIP Location:

Radius:

Comprehensive Deductible:

Fire &amp; Theft Deductible:

Collision Deductible:

Total Premium:

29461

100 miles

Not selected

Not selected

Not selected

\$2,811.00



Motor Truck Cargo



Non-Owned Trailer  
Physical Damage



General Liability

\$6,193.00

Discounts

Fee

per year including Electronic Funds Transfer (EFT) discount

Cancel

Continue

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### Add another driver?

Please add anyone who drives, or is expected to drive, any vehicle covered by the policy, in any capacity

**Add**

**Cancel**

**Continue**

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**Remove**

**Edit**

**Add another EXPRESS G3500**

**Add another vehicle by year, make, model or VIN**

You should include all vehicles/trailers used in the customer's business that will be in his or her possession

**Add Vehicle**

**Add Trailer**

**Cancel**

**Continue**

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**Exhibit Fit, Willing, and Able (FWA)**

Jamar Smalls dba Kmar Enterprises LLC.

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

5. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210


Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.


S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

  
\_\_\_\_\_  
Applicant's Signature

  
\_\_\_\_\_  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Berkeley )

SWORN TO BEFORE ME  
This 16 day of December, 20 21

  
\_\_\_\_\_  
Notary Public

Commission Expires \_\_\_\_\_  
ELIZABETH HARTSELLE  
Notary Public, State of South Carolina  
My Commission Expires 11/7/2023

# *The State of South Carolina*



## *Office of Secretary of State Mark Hammond*

### **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

Kmar Enterprises, LLC, a limited liability company duly organized under the laws of the State of South Carolina on March 1st, 2021, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 1st day  
of March, 2021.

  
Mark Hammond, Secretary of State